

APPENDIX A
LABOR AND TRADES UNIT—A31—Ref: Article 3 - Recognition

All of the classifications in the Labor and Trades Unit are eligible (CODE 1) for overtime pay.

| <u>HRMN POSITION</u> | <u>POSITION CODE</u> | <u>GRADE</u> |
|------------------------------------|-----------------------------|---------------------|
| Aircraft Mechanic-E | AIRCMCHE | 9 |
| Aircraft Mechanic-E | AIRCMCHE | E10 |
| Aircraft Mechanic-A | AIRCMCHA | 11 |
| Automotive Body Repairer-E | AUTORPRE | 8 |
| Automotive Body Repairer-E | AUTORPRE | E9 |
| Automotive Body Repairer-A | AUTORPRA | 10 |
| Automotive Mechanic-E | AUTOMCHE | 8 |
| Automotive Mechanic-E | AUTOMCHE | E9 |
| Automotive Mechanic-A | AUTOMCHA | 10 |
| Bridge Operator-E | BRDGOPRE | 6 |
| Bridge Operator-E | BRDGOPRE | 7 |
| Bridge Operator-E | BRDGOPRE | E8 |
| Bridge Operator-A | BRDGOPRA | 9 |
| Bridge Worker-E | BRDGWKRE | 6 |
| Bridge Worker-E | BRDGWKRE | 7 |
| Bridge Worker-E | BRDGWKRE | E8 |
| Bridge Worker-A | BRDGWKRA | 9 |
| Building Trades Crew Leader | BLDTRLDR | E10 |
| Carpenter-E | CARPNTRE | 8 |
| Carpenter-E | CARPNTRE | E9 |
| Carpenter-A | CARPNTRA | 10 |
| Central Control Operator-E | CENTOPRE | 8 |
| Central Control Operator-E | CENTOPRE | E9 |
| Central Control Operator-A | CENTOPRA | 10 |
| Communications Network Installer-E | COMNINRE | 8 |
| Communications Network Installer-E | COMNINRE | E9 |
| Communications Network Installer-A | COMNINRA | 10 |
| Electrician Licensed-E | ELECTRNE | E9 |
| Electrician Licensed-A | ELECTRNA | 10 |
| Electrician Master Licensed-E | ELECLICE | E10 |
| Electrician Master Licensed-A | ELECLICA | 11 |
| Equipment Operator-E | EQUOPPRE | 7 |
| Equipment Operator-E | EQUOPPRE | E8 |
| Equipment Operator-A | EQUOPPRA | 9 |
| Farm Crew Leader-E | FRMCLDRE | 8 |
| Farm Crew Leader-E | FRMCLDRE | E9 |
| Groundskeeper-E | GROUNKPR | E8 |
| Heavy Equipment Mechanic – E | HYEQMCHE | 9 |

| | | |
|-----------------------------------|-----------|-----|
| Heavy Equipment Mechanic – E | HYEQMCHE | E10 |
| Heavy Equipment Mechanic – A | HYEQMCHA | 11 |
| Industries Production Leader-E | INDPLDRE | 8 |
| Industries Production Leader-E | INDPLDRE | 9 |
| Industries Production Leader-E | INDPLDRE | E10 |
| Janitor-E | JANITORE | E5 |
| Janitor-A | JANITORA | 6 |
| Laborer-E | LABORERE | 5 |
| Laborer-E | LABORERE | E6 |
| Locksmith-E | LOCKSMTE | 8 |
| Locksmith-E | LOCKSMTE | E9 |
| Locksmith-A | LOCKSMTA | 10 |
| Machinist-E | MACHNSTE | E9 |
| Machinist-A | MACHNSTA | 10 |
| Maintenance Mechanic-E | MAINMCHE | 8 |
| Maintenance Mechanic-E | MAINMCHE | E9 |
| Maintenance Mechanic-A | MAINMCHA | 10 |
| Mason-Plasterer-E | MASNPLSE | 8 |
| Mason-Plasterer-E | MASNPLSE | E9 |
| Mason-Plasterer-A | MASNPLSA | 10 |
| Microfilm Machine Operator-E | MCFLOPRE | 5 |
| Microfilm Machine Operator-E | MCFLOPRE | E6 |
| Microfilm Machine Operator-A | MCFLOPRA | 7 |
| Motor Vehicle Operator-E | MOTVOPRE | E6 |
| Motor Vehicle Operator-A | MOTVOPRA | 7 |
| Motor Vehicle Operator-2A | MOTVOPR2A | 8 |
| Painter-E | PAINTERE | 8 |
| Painter-E | PAINTERE | E9 |
| Painter-A | PAINTERA | 10 |
| Plumber-E | PLUMBERE | 8 |
| Plumber-E | PLUMBERE | E9 |
| Plumber-A | PLUMBERA | 10 |
| Plumber Licensed-E | PLUMLICE | E10 |
| Plumber Licensed-A | PLUMLICA | 11 |
| Power Plant Operator-E | PWPLOPRE | 8 |
| Power Plant Operator-E | PWPLOPRE | E9 |
| Power Plant Operator-A | PWPLOPRA | 10 |
| Printing Typesetter-E | PRNTYPSE | 6 |
| Printing Typesetter-E | PRNTYPSE | 7 |
| Printing Typesetter-E | PRNTYPSE | E8 |
| Printing Typesetter-A | PRNTYPSA | 9 |
| Refrigeration Mechanic-E | REFRMCHE | 8 |
| Refrigeration Mechanic-E | REFRMCHE | E9 |
| Refrigeration Mechanic-A | REFRMCHA | 10 |
| Refrigeration Mechanic Licensed-E | REFRLICE | E10 |

| | | |
|---|-----------|----|
| Refrigeration Mechanic Licensed-A | REFRLICA | 11 |
| Reproduction Machines Operator-E | RPMOPRE | 5 |
| Reproduction Machines Operator-E | RPMOPRE | E6 |
| Reproduction Machines Operator-A | RPMOPRA | 7 |
| Reproduction Machines Operator-2A | RPMOPR2A | 8 |
| Reproduction Machine Repairer-E | RPMARPRE | E9 |
| Reproduction Machine Repairer-A | RPMARPRA | 10 |
| Reproduction Machine Supervisor IV - Frozen | | |
| Steeplejack-E | STPLJCKE | 8 |
| Steeplejack-E | STPLJCKE | E9 |
| Steeplejack-A | STPLJCKA | 10 |
| Storekeeper-E | STORKPRE | 5 |
| Storekeeper-E | STORKPRE | E6 |
| Storekeeper-A | STORKPRA | 7 |
| Storekeeper-2A | STORKPR2A | 8 |
| Television Equipment Repairer | TELERPR | E9 |
| Trades Helper | TRADEHLP | E6 |
| Transportation Maintenance Worker-E | TRMTWKRE | 6 |
| Transportation Maintenance Worker-E | TRMTWKRE | 7 |
| Transportation Maintenance Worker-E | TRMTWKRE | E8 |
| Transportation Maintenance Worker-A | TRMTWKRA | 9 |
| Wastewater Treatment Plant Operator-E | WSTPOPRE | 8 |
| Wastewater Treatment Plant Operator-E | WSTPOPRE | E9 |
| Wastewater Treatment Plant Operator-A | WSTPOPRA | 10 |
| Welder-E | WELDERE | E9 |
| Welder-A | WELDERA | 10 |
| Wildlife Assistant-E | WLDLASTE | 6 |
| Wildlife Assistant-E | WLDLASTE | 7 |
| Wildlife Assistant-E | WLDLASTE | E8 |
| Wildlife Assistant-A | WLDLASTA | 9 |

Some employees in the following class may be included depending upon specific duties of the position.

| | | |
|--------------|----------|---|
| State Worker | STATEWKR | 4 |
|--------------|----------|---|

APPENDIX B
SAFETY AND REGULATORY UNIT B—A02—Ref: Article 3 – Recognition

| <u>HRMN POSITION</u> | <u>POS CODE</u> | <u>GRADE</u> | <u>CODE</u> |
|---------------------------------|------------------------|---------------------|--------------------|
| Attorney General Investigator-E | ATGNINUE | 9 | 2 |
| Attorney General Investigator-E | ATGNINUE | 10 | 2 |
| Attorney General Investigator-E | ATGNINUE | E11 | 2 |
| Attorney General Investigator-A | ATGNINUA | 12 | 2 |
| Boiler Inspector - E | BOLRISPE | E11 | 2 |

| | | | |
|------------------------------------|-----------|-----|-----|
| Boiler Inspector - A | BOLRISPA | 12 | 2 |
| Bridge Safety Officer - E | BRSFOFRE | 6 | 1 |
| Bridge Safety Officer - E | BRSFOFRE | E7 | 1 |
| Bridge Safety Officer - A | BRSFOFRA | 8 | 1 |
| Building Code Inspector – E | BLCDISPE | E11 | 2 |
| Building Code Inspector – A | BLCDISPA | 12 | 2 |
| Child Support Specialist - E | CHISPSPE | 9 | 2 |
| Child Support Specialist - E | CHISPSPE | 10 | 2 |
| Child Support Specialist - E | CHISPSPE | P11 | 2 |
| Child Support Specialist – A | CHISPSPA | 12 | 2 |
| Conservation Officer (RCRT) - E | CNVOFRE | 10 | ** |
| Conservation Officer -E | CNSVOFRE | 10 | ** |
| Conservation Officer -E | CNSVOFRE | E11 | ** |
| Conservation Officer -SR-A | CNSVOFRA | 12 | ** |
| Conservation Officer -SPL-SS | CNVOFRSS | 13 | ** |
| Construction Safety Inspector - E | COSFISPE | E11 | 2 |
| Construction Safety Inspector - A | COSFISPA | 12 | 2 |
| Construction Safety Inspector - SS | COSISPSS | 13 | 2 |
| Electrical Inspector - E | ELCTISPE | E11 | 2 |
| Electrical Inspector - A | ELCTISPA | 12 | 2 |
| Elevator Inspector - E | ELEVISPE | E11 | 2 |
| Elevator Inspector - A | ELEVISPA | 12 | 2 |
| Fire Crash Rescue Officer - E | FRCROFRA | 8 | N/A |
| Fire Crash Rescue Officer - E | FRCROFRE | E9 | N/A |
| Fire Crash Rescue Officer - LW-A | FRCROFRA | 10 | N/A |
| Fire Safety Inspector - E | FIRSISPE | 9 | 1 |
| Fire Safety Inspector - E | FIRSISPE | E10 | 1 |
| Fire Safety Inspector - A | FIRSISPA | 11 | 1 |
| Fire Safety Officer - E | FRSFOFRE | 6 | 1 |
| Fire Safety Officer - E | FRSFOFRE | E7 | 1 |
| Fire Safety Officer -A | FRSFOFRA | 8 | 1 |
| Forest Fire Officer - E | FFIROFRE | 7 | 1 |
| Forest Fire Officer - E | FFIROFRE | 8 | 1 |
| Forest Fire Officer - E | FFIROFRE | E9 | 1 |
| Forest Fire Officer - A | FFIROFRA | 10 | 1 |
| Fruit/Vegetable Inspector - E | FRVGISPE | 6 | 2 |
| Fruit/Vegetable Inspector – E | FRVGISPE | 8 | 2 |
| Fruit/Vegetable Inspector - E | FRVGISPE | 9 | 2 |
| Fruit/Vegetable Inspector - E | FRVGISPE | E10 | 2 |
| Hazardous Mtrls Storage Insp - E | HAZMISPE | 9 | 2 |
| Hazardous Mtrls Storage Insp - E | HAZMISPE | E10 | 2 |
| Hazardous Mtrls Storage Insp - A | HAZMISPA | 11 | 2 |
| Hazardous Mtrls Storage Insp - SS | HAZISPSS | 12 | 2 |
| Lift/Ride Inspector | LIFRDISP | E11 | 2 |
| Lift/Ride Inspector – A | LIFRDISPA | 12 | 2 |

| | | | |
|---------------------------------------|----------|-----|---|
| Mechanical Code Inspector - E | MECOISPE | E11 | 2 |
| Mechanical Code Inspector - A | MECOISPA | 12 | 2 |
| Motor Carrier Investigator | MCINVGTR | 11 | 1 |
| Motor Carrier Officer - RE | MCOFCREC | 9 | 1 |
| Motor Carrier Officer - E | MCOFFCRE | 9 | 1 |
| Motor Carrier Officer - E | MCOFFCRE | E10 | 1 |
| Occupation Safety Inspector - E | OCSFISPE | 10 | 2 |
| Occupation Safety Inspector - E | OCSFISPE | E11 | 2 |
| Occupation Safety Inspector - A | OCSFISPA | 12 | 2 |
| Park & Recreation Ranger - E | PRKRNGRE | 6 | 1 |
| Park & Recreation Ranger - E | PRKRNGRE | 7 | 1 |
| Park & Recreation Ranger - E | PRKRNGRE | E8 | 1 |
| Park & Recreation Ranger - LW-A | PRKRNGRA | 9 | 1 |
| Plant/Apiary Aide | PLAPYADE | E7 | 2 |
| Plumbing Inspector - E | PLUMISPE | E11 | 2 |
| Plumbing Inspector - A | PLUMISPA | 12 | 2 |
| Railroad Safety Inspector - E | RSFYISPE | 10 | 2 |
| Railroad Safety Inspector - E | RSFYISPE | E11 | 2 |
| Regulation Agent – E | REGLAGTE | 9 | 2 |
| Regulation Agent – E | REGLAGTE | 10 | 2 |
| Regulation Agent – E | REGLAGTE | E11 | 2 |
| Regulation Agent – A | REGLAGTA | 12 | 2 |
| State Properties Sec. Off. (RCRT) – E | PSCOFRRE | 7 | 1 |
| State Properties Sec. Off. – E | PRSCOFRE | 7 | 1 |
| State Properties Sec. Off. – E | PRSCOFRE | E8 | 1 |
| State Properties Sec. Off. – A | PRSCOFRA | 9 | 1 |
| Vehicle Safety Inspector - E | VESFISPE | 9 | 2 |
| Vehicle Safety Inspector - E | VESFISPE | E10 | 2 |
| Weights/Measures Inspector - E | WEMEISPE | 9 | 2 |
| Weights/Measures Inspector - E | WEMEISPE | E10 | 2 |
| Weights/Measures Inspector - A | WEMEISPA | 11 | 2 |
| Workplace Safety Representative – E | WORSREPE | 9 | 2 |
| Workplace Safety Representative – E | WORSREPE | P11 | 2 |
| Workplace Safety Representative – E | WORSREPE | 12 | 2 |

*Some employees in the following classes may be included and others excluded depending upon specific duties of the position.

| | | | |
|-------------------------------------|----------|---|---|
| State Worker | STATEWKR | 4 | 1 |
| State Transitional Professional – E | STATPRFE | 9 | 1 |

**Employees in these classes are law enforcement.

Eligibility for overtime compensation for employees in the classifications listed shall be in accordance with the code indicated above which is defined in Article 15, Section B.

Employees working in managerial, confidential, or supervisory positions, or any positions excluded by the Civil Service Rules and Regulations, shall not be covered by the terms and conditions of this Agreement.

APPENDIX C
Employee Benefits Eligibility Chart

Definition of Appointment Duration

Definitions:

1. **Permanent** Appointment is expected to last indefinitely.
2. **Limited Term** Appointment has a specific expiration date.
3. **Temporary** Appointment is expected to last less than **(Non-Career)** 720 hours and has a specific expiration date.

Definition of Appointment Type

Definitions:

1. **Full-Time** The regular work schedule consists of 80 hours per biweekly pay period.
2. **Part-Time (Hourly)** The regular work schedule consists of less than 80 hour per biweekly pay period. (Usually set hours)
3. **Intermittent** Scheduled work hours are based on the needs of the Employer. The schedule may vary between 0-80 hours per biweekly pay period.
4. **Seasonal** Regular work schedule is normally for specific parts of the year. Scheduled work hours are based on the needs of the Employer.

| Benefit | Permanent / Limited-Term | Temporary (Non-Career) |
|-----------------------------|--|-------------------------------|
| Initial Annual Leave | Credit 16 hours upon appointment to position | Not Eligible |

NOTE:

1. Initial grant is available for immediate use.
2. Not more than 16 hours initial annual leave may be credited in any calendar year. However, unused credits may be restored upon separation and rehire within the same calendar year.

| Benefit | Permanent / Limited-Term | Temporary (Non-Career) |
|--|---|-----------------------------------|
| Annual Leave | | |
| A. Less than 2080 hours continuous service completed. | Credit 4 hours annual leave for each 80 hours in pay status or a pro-rated amount if in pay status less than 80 hours. | Not Eligible. |
| B. 2080 hours or more of continuous service, but less than 10,400 hours. | Credit 4.7 hours of annual leave for each 80 hours in pay status or a pro-rated amount if in pay status less than 80 hours. | Not Eligible. |
| C. 10,400 hours or more of continuous service. | See table, Article 39, for annual leave accrual rates. | Not Eligible. |

NOTE: Credit, use and payment is permitted after completion of 80 hours in pay status.

| Benefit | Permanent/ Limited-Term | Temporary (Non-Career) |
|-------------------|---|-----------------------------------|
| Sick Leave | Credit 4 hours of sick leave for each 80 hours in pay status or a pro-rated amount if in pay status less than 80 hours. | Not Eligible. |

NOTE:

1. Credit and use permitted next pay period.
2. Payment for unused credits at 50% of regular rate, upon retirement or death only (except for employees hired on or after 10-1-80).
3. Unused credits restored to a separated permanent employee who returns within three years by permanent appointment, except if separated by retirement. Sick leave balances are placed to the credit of a laid off employee upon recall to permanent employment in the State classified service.
4. An employee who returns by a temporary (non-career) appointment may not use credits previously earned.

| Benefit | Permanent / Limited-Term | Temporary (Non-Career) |
|----------------------|---|-------------------------------|
| Step Increase | Upon completion of required 1040 or 2080 hours of satisfactory service. | Not Eligible. |

| Permanent / Limited Term | | | | |
|--|-------------------|---|--|---------------------------------|
| Benefit | Full-Time | Part-Time percent % | Hourly / Permanent-Intermittent | Seasonal |
| Paid Holidays Note: Temporary (Non-career) are not eligible for paid holidays. | Full holiday pay. | Pay in proportion to percentage assigned to position, or full pay if scheduled to work all non-holiday hours in pay period (see Article 49) | Pay in proportion to average hours in pay status for previous six pay periods, if applicable, or full pay if scheduled to work all non-holiday hours in pay period. (see Article 49) | Full holiday pay during season. |

| Benefit | Full-Time, Part-Time, Hourly, Permanent-intermittent, and Seasonal | Temporary (Non-Career) |
|---|--|-------------------------------|
| Status NOTE: Status not granted unless/until certified from employment list. | Status granted at end of biweekly work period in which 2080 hours of satisfactory service completed (except for classes for which a longer probationary period is prescribed by the Civil Service Rules or Regulations). | Not Eligible. |
| Longevity | Commencing at 10,400 hours of currently continuous service prior to October 1 st of any year. Paid annually in October. | Not Eligible. |

| Permanent / Limited Term | | | | |
|----------------------------------|------------------|---|---|---|
| State Sponsored Insurance | Full-Time | Part-Time | Hourly / Permanent-Intermittent | Seasonal |
| Health | Eligible. | Eligible. | Eligible. | Eligible. |
| Life | Eligible. | Eligible if working 40% or more of full time. | Eligible if working 40% or more of full time. | Eligible if working 40% or more of full time. |
| Long Term Disability | Eligible. | Same as Life. | Same as Life. | Eligible if working full time. |
| Dental | Eligible. | Same as Life. | Same as Life. * | Same as LTD. * |
| Vision | Eligible. | Same as Life. | Same as Life. | Same as Dental. |

NOTE: Temporary (Non-Career) is not eligible for Health, Life, Long Term Disability, Dental or Vision Insurances.

*Exceptions for Permanent-intermittent and Seasonal eligibility for dental benefits:

- A. No more than two consecutive pay periods without being on the payroll – dropped after third.
- B. For seasonals, must have at least eight months of cumulative employment per year.

| Permanent / Limited Term | | |
|---------------------------------|---|-------------------------------|
| Benefit | Full-Time, Part-Time, Hourly, Permanent-intermittent, Seasonal | Temporary (Non-Career) |
| Accidental Duty Death | Eligible. | Eligible. |
| Deferred Compensation | Eligible to enroll in next quarterly open enrollment following date of appointment. | Not Eligible. |

APPENDIX E
Application for Membership

MICHIGAN STATE EMPLOYEES ASSOCIATION/AFSCME LOCAL 5

| | | |
|-----------|-------|--------|
| Name-Last | First | Middle |
|-----------|-------|--------|

| | | |
|-----------------------|----------------|-------|
| Home Address (Street) | (City) (State) | (Zip) |
|-----------------------|----------------|-------|

| | |
|----------------|----------------|
| Home Phone No. | Work Phone No. |
|----------------|----------------|

Department and Work Site (example; Corrections/Standish Maximum Facility)

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Work County (example; Ingham) Job Title & Level (example; TMW E8)

MICHIGAN STATE EMPLOYEES ASSOCIATION/AFSCME LOCAL 5

Authorization for Payroll Deduction

| | |
|--------------------|----------------|
| | E A 0 1 |
| Employee ID Number | Deduction Code |

On this date, _____, _____, I the undersigned, do hereby authorize the State of Michigan to deduct a sum equal to one (1) hour of my base hourly wage rate each two-week pay period from any accrued wages due me (until revoked by written notice in accordance with the applicable contract between MSEA/AFSCME Local 5 and the State of Michigan) and to remit same to the Michigan State Employees Association/ AFSCME Local 5 for payment of my Union dues. Consent is additionally hereby given to increase or decrease the specific named deduction each two-week pay period to that of any amount determined by the Union in accordance with Article VII Section 7 of the Constitution (as amended) of the Michigan State Employees Association. Fees, contributions, or gifts to MSEA/AFSCME Local 5 are not deductible as charitable contributions, for federal income tax purposes. Fees paid to MSEA/AFSCME Local 5, however, may qualify as business expenses and may be deductible in limited circumstances, subject to various restrictions imposed by the Internal Revenue Service.

Signature of Employee

| | |
|-----------------------------|-----------------------------------|
| Name (please print or type) | Department (please print or type) |
|-----------------------------|-----------------------------------|

APPENDIX H
Procedure 0620.02

Issued August 15, 2000

SUBJECT: Submissions to the finance and claims committee.

APPLICATION: Executive Branch Departments and Sub-units.

PURPOSE: To outline procedures for submitting materials to the finance and claims committee of the State Administrative Board.

CONTACT AGENCY: Department of Technology, Management and Budget (DTMB) – State Administrative Board.

TELEPHONE: 517/335-2559

FAX: 517/335-0046

SUMMARY: The Secretary of the State Administrative Board reviews all material presented for State Administrative Board approval and prepares the agenda for the meetings of the Finance and Claims Committee of the State Administrative Board.

APPLICABLE FORMS: CS-138, Contractual Services Request.
DTMB-1104, Claim against the State of Michigan for Personal Losses Less than \$1,000.
SAB-810, Finance and Claims Agenda Format.

PROCEDURES:

Requesting agency:

- If the proposed action is a contract, grant or purchase order, any of the following requirements determines whether State Administrative Board approval is required prior to execution of the contract, grant, purchase order, or an amendment to the contract, grant or purchase order:
 - o State contracts, grants, purchase order of \$250,000 or more which require such approval, regardless of their source of funding or duration, are:
 - Contracts, grants or purchase orders for all supplies, materials, and equipment; for all services, including consulting, research, and professional services; between State departments and private vendors, between State departments and educational institutions, or between State departments and other governmental units;

- Contracts, grants or purchase orders whose dollar values not fixed but which are estimated to be \$250,000 or more;
- Contracts, grants or purchase orders for commodities or services available from only one source.
- Contract, grant or purchase order amendments of \$125,000 or more also require approval of the State Administrative Board.
- Subsequent amendments to contracts, grants, and purchase orders having received approval of a \$125,000 amendment or more will require additional State Administrative Board approval regardless of the amount.
- Emergency contracts of \$250,000 or more involving public health or safety do not need prior approval (See Procedure 0510.09). These contracts shall be reported to the State Administrative Board as soon as possible after execution, in writing.
- If the proposed action is a contract, grant, or purchase order, the following material shall be submitted to the Secretary of the State Administrative Board:

- o 1 copy of an Agenda Format (SAB-810)

- Example:

DEPARTMENT OF (type in name).

Request approval of the following contracts:

| | |
|------------------------|------------------|
| (1) ABC Corporation | \$350,000 |
| Grand Rapids, Michigan | Testing Services |

| | |
|-----------------------------|---------------------|
| (2) Acme Distillery Company | \$225,000 AMENDMENT |
| Chicago, IL | \$745,000 NEW TOTAL |

- If the request is for disposal of state controlled property, see Procedures 0110.01, 0340.05 and 0220.01.
- If the request is for write-offs of state receivables, see Procedure 1210.28.
- Contracts with appeal periods expiring after the Finance and Claims Committee meeting date, but prior to the State Administrative Board meeting date are permitted. Contracts with appeal periods expiring the same date as the State Administrative Board meeting date or later are not acceptable for

State Administrative Board consideration. Any exceptions to this policy require a letter of explanation from the requesting department director.

- If the request is for release of capital outlay funds, see Procedure 0110.04.

CLAIMS AGAINST THE STATE:

- If the request is for settlement of a small claim for property damage or personal injury against the state, its departments/agencies, officers, or colleges and universities in an amount under \$1,000, the State Administrative Board is authorized to decide these claims. See M.C.L. 600.64.
- The claimant must prepare a notarized DTMB-1104 Claims Against the State or a notarized Transportation Claim Against the State and submit the completed form and copies of pertinent information to the Secretary of the State Administrative Board.

CLAIMS BY STATE EMPLOYEES:

- The State Administrative Board has delegated authority to department directors to approve claims for State employees up to \$500.00 except for claims for eyeglasses, automobile repairs, jewelry over \$50.00, or cash over \$100. A monthly report shall be submitted to the State Administrative Board by the director, or the director's designee, when a claim is approved or denied under the delegated authority.
- State employee claims for damaged or lost personal effects worn or on the person, such as eyeglasses, jewelry, watches or clothing, in order to be approved, shall establish each of the following:
 - The loss or damage occurred while the claimant was engaged in the performance of his/her duties as a State employee.
 - The loss or damage occurred in the course and by virtue of the claimant's employment.
 - The claimant was without fault and could not have avoided the loss or damage by exercising reasonable care.
 - The personal effects lost or damaged were reasonable for the claimant to have on his/her person or to be wearing in the course of his/her employment at the time of the loss or damage.
 - The claimant must not have been reimbursed for the loss or damage nor have a remedy for reimbursement from any other source, including his/her

or another's insurance policy other than the State of Michigan vision insurance policy.

- The claim must be based on the present value of the property and not the replacement cost. The present value is calculated based on the following depreciation schedule:
 - 2 years for clothing, tapes, discs, records, shoes, paperback books and or small purchase items, in a graduated depreciation scale of 20% the first year, 40% the balance of the second year, with a residual value of 10% after the second year.
 - 5 years for electronic equipment, typewriters, tools, cameras, televisions, stereos, and other durable products, with a 20% straight line depreciation rate per year until a residual balance of 10% remains.
- Claims of State employees for damages to their personal motor vehicle must contain a satisfactory showing of each of the following:
 - The claimant's vehicle was damaged while properly parked in an area on State property designated for parking, or while being properly and reasonably operated in an area on State property designated for parking or the operation of motor vehicles and under the jurisdiction of the State of Michigan.
 - The claimant's vehicle was damaged by reason of negligence or an action attributable to the State of Michigan or a defect or condition on, in or near the location of the damage.
 - The claimant was without fault and could not have avoided the damage by exercising reasonable care.
 - The claimant must not have been reimbursed for the loss or damage, not have a remedy for reimbursement from any other source, including his/her or another's insurance policy other than the State of Michigan vision insurance policy.
 - An accident report must have been prepared and be attached to the claim.
 - The vehicle damage claim shall be limited to the lesser of two estimates by a vehicle repair shop.
- Claims of State employees for the theft or loss of personal property, from their workstation or other location in the building they work, or from a State vehicle

or their private vehicle while being used in the course of their employment, must contain a satisfactory showing of each of the following:

- o The personal property was necessary for or improved the claimant's performance of his/her duties as a State employee and not merely for ornamentation, decoration or personal pleasure or use.
- o The claimant was without fault and did not leave the stolen or lost property unattended during work hours the building was open to the public, or leave the lost or stolen property in an unsecured place after working hours.
 - If money was stolen, that it had been taken by force or threat of force at the claimant's workstation. If the amount was over \$100.00, the reason for possession of the excess over \$100.00.
 - If clothing, it was in a place designated by the claimant's employing agency for employees to hang or place clothing.
- o The claimant was not reimbursed for the lost or stolen property nor have a remedy for reimbursement from another source including his/her or some other person's insurance policy.
- o A police investigation was conducted and a copy of the police report is attached.
- o The claimant's loss was by reason of negligence or an action attributed to the State of Michigan.
- o The claim must be based on the present value of the property and not the replacement cost. The present value is calculated based on the following depreciation schedule:
 - 2 years for clothing, tapes, discs, records, shoes, paperback books and or small purchase items, in a graduated depreciation scale of 20% the first year, 40% the balance of the second year, with a residual value of 10% after the second year.
 - 5 years for electronic equipment, typewriters, tools, cameras, televisions, stereos, and other durable products, with a 20% straight line depreciation rate per year until a residual balance of 10% remains.

CLAIMS AGAINST THE STATE BY THE GENERAL PUBLIC

- All claims submitted to the Board must be either the DTMB-1104 or the Transportation Claims Against the State form.

- The claim form must be notarized.
- A description of the loss or damage must be stated on the form.
- The loss or damage was caused by the negligence of the State or a State employee. The claimant was without fault and could not have avoided the loss or damage by exercising reasonable care.
- Documentation for ownership, original cost of the item, repair of the item, or itemized bills, and police reports when applicable, must accompany the form.
- If there is any remedy for reimbursement from any other source, including his/her or another's insurance policy, the amount of the remedy must be included. If the remedy is from an insurance company, proof of the deductible amount should be included with the submission.
- The claim must be based on the present value of the property and not the replacement cost. The present value is calculated based on the following depreciation schedule:
 - 2 years for clothing, tapes, discs, records, shoes, paperback books and or small purchase items, in a graduated depreciation scale of 20% the first year, 40% the balance of the second year, with a residual value of 10% after the second year.
 - 5 years for electronic equipment, typewriters, tools, cameras, televisions, stereos, and other durable products, with a 20% straight line depreciation rate per year until a residual balance of 10% remains.
 - If the property is disposable, such as food, cosmetics, or personal hygiene items, no reimbursement will be considered unless there is a receipt showing the items were new. For reimbursement of claims related to disposable property, Department of Correction inmates must follow the Department of Corrections' policies and procedures related to non-refundable items.
 - An exception to the depreciation schedule is granted to inpatients of State psychiatric hospitals and centers for developmental disabilities that, due to their unusual dependency upon the State, are not subject to the depreciation schedule.

PROCESSING CLAIMS

- Claims are to be sent to the Secretary of the State Administrative Board or to the accounting division of the offending department. Department of Corrections inmates will expedite the processing of their claims if they file their claims through Department grievance procedures and the Office of Prisoner Affairs.
- The Board Secretary shall assign a number and record the claim in the claims log file. Then the claim will be forwarded to the offending department.
- The department shall transmit a copy of all claims to the department personnel assigned to investigate claims or to supervisory personnel with personal knowledge of the incident leading to the claim for an investigative report.
- The investigating report shall be forwarded to the department personnel assigned the claims function. A report should then be prepared for the department's principal executive office or the designee to make a recommendation to the Board to approve or deny a claim.
- The recommendation to the Board shall be submitted to the Secretary of the State Administrative Board with appropriate copies.
- The Secretary of the State Administrative Board will place the claim information and departmental recommendation on the Finance and Claims Committee agenda of the State Administrative Board, and forward the Finance and Claims recommendation to the State Administrative Board.
- The Secretary of the Board will notify the Department of the claimant of the State Administrative Board's decision by letter.
- The Secretary of the State Administrative Board shall notify the Finance and Claims Committee of any claims over 90 days old.

Secretary to the State Administrative Board:

- Reviews contracts, grants and other materials and prepares summary information for the Director and Deputy Directors of DTMB.
- Handles necessary correspondence or other communication relative to items presented.
- Prepares agendas and reports for the Finance and Claims Committee.

- Forwards committee recommendations to the State Administrative Board for action.
- Notifies all parties of the State Administrative Board decisions.

This procedure supersedes all other previously distributed procedures of 0620.02.

APPENDIX J
Longevity Compensation Plan Schedule of Payments

| YEARS OF SERVICE | EQUIVALENT HOURS OF SERVICE * | ANNUAL PAYMENTS |
|-------------------------|--------------------------------------|------------------------|
| 5 6 7 8 | 10,400 12,480 14,560 16,640 | \$260 |
| 9 10 11 12 | 18,720 20,800 22,880 24,960 | \$300 |
| 13 14 15 16 | 27,040 29,120 31,200 33,280 | \$370 |
| 17 18 19 20 | 35,360 37,440 39,520 41,600 | \$480 |
| 21 22 23 24 | 43,680 45,760 47,840 49,920 | \$610 |

| | | |
|--------------|------------------|--------|
| 25 | 52,000 | \$790 |
| 26 | 54,080 | |
| 27 | 56,160 | |
| 28 | 58,240 | |
| 29 & Over | 60,320 & Over | \$1040 |

* Eligibility for payment at any bracket will occur upon completion of the equivalent hours of service indicated for the bracket by October 1. The impact of the longevity payment on the regular hourly rate for purposes of overtime compensation shall be computed and paid as part of the longevity payment.

APPENDIX K SUPERVISOR'S REPORT OF REASONABLE SUSPICION

Employee Name: _____ **Classification:** _____
Department: _____ **Agency** _____
Date of Observation: _____ **Time:** _____ am/pm
Location: _____ **Employee in test-designated position?**
☐ Yes ☐ No

OBSERVATIONS:

Check **ALL** that apply:

BEHAVIOR

- ☐ stumbling, unsteady gait
- ☐ drowsy, sleepy, lethargic
- ☐ agitated, anxious, restless
- ☐ hostile, belligerent
- ☐ irritable, moody
- ☐ depressed, withdrawn
- ☐ unresponsive, distracted
- ☐ clumsy, uncoordinated
- ☐ tremors, shakes
- ☐ flu-like illness complaints
- ☐ suspicious, paranoid
- ☐ hyperactive, fidgety
- ☐ inappropriate, uninhibited behavior
- ☐ possessing, dispensing, or using controlled substance or alcohol

APPEARANCE

- ☐ flushed complexion
- ☐ excessive sweating
- ☐ cold, clammy sweats
- ☐ eyes:
- ☐ bloodshot
- ☐ tearing, watery
- ☐ dilated (large) pupils
- ☐ constricted (pinpoint) pupils
- ☐ unfocused, blank stare
- ☐ unkempt grooming
- ☐ disheveled clothing

SPEECH

- ☐ slurred, thick
- ☐ incoherent
- ☐ exaggerated enunciation
- ☐ loud, boisterous
- ☐ rapid, pressured
- ☐ excessively talkative
- ☐ nonsensical, silly
- ☐ cursing, verbal abusiveness
- ☐ inappropriate verbal response to questions or instructions

BODY ODORS

- ☐ alcohol
- ☐ marijuana

SUMMARY (circumstances, employee response, supervisor actions, other

The observations, as documented above, were made of the named employee.

| | | |
|---------------------------------|-----------|------|
| Witness Name (printed or typed) | Signature | Date |
|---------------------------------|-----------|------|

DATC/DER Test Determination:

- Employee transported to collection site by: _____
Time transported _____ am/pm Collection Site: _____

APPENDIX L

Article 31

PHYSICIAN STATEMENT

My patient, _____, is currently taking prescription medication which contains a controlled substance as defined by Schedules I through V in 21 U.S.C. 802 as revised.

After review of the effects of this (these) medication(s) at the dosage and intervals prescribed and being informed by the patient of his/her work responsibilities related to the performance of any safety related functions, it is my professional opinion that the prescribed medication

DOES_____ **DOES NOT**_____ (check appropriate response)

adversely affect my patient's ability to safely operate a commercial motor vehicle or perform other safety sensitive functions.

Signed by Prescribing Physician _____
 Physician's Name Printed or Typed _____

PHYSICIAN'S NOTE REGARDING P.R.N. OR OFF-DUTY MEDICATIONS:

APPENDIX M
STATE HEALTH PLAN COMMUNITY BLUE PPO BENEFIT CHART

Appendix M remains in effect for eligible employees hired prior to April 1, 2010 and covered by the State Health Plan PPO.

| | State Health Plan (PPO) | |
|--|--|--|
| | In-Network | Out-of-Network |
| Preventive Services Limited to \$1,500 per calendar year per person | | |
| Health Maintenance Exam includes chest X-ray, EKG and select lab procedures | Covered - 100%, one per calendar year | Not covered |
| Annual Gynecological Exam | Covered - 100%, one per calendar year | Not covered |
| Pap Smear Screening-laboratory services only | Covered - 100%, one per calendar year | Not covered |
| Well-Baby and Child Care | Covered - 100% -6 visits per year through age 1 -2 visits per year (age 2 through 3) -1 visit per year (age 4 through 15) | Not covered |
| Immunizations (no age limit). Annual flu shot; Hepatitis C screening covered for those at risk | Covered - 100% not applied toward per person calendar maximum. | Not covered |
| Fecal Occult Blood Screening | Covered - 100%, one per calendar year | Not covered |
| Flexible Sigmoidoscopy Exam | Covered - 100% | Not covered |
| Colonoscopy Exam | Covered - 100% one each 10 years after age 50. No deductible. Not applied to Preventative Max. | Covered - 90% one each 10 years after age 50. After deductible. Not applied to Preventative Max. |
| Prostate Specific Antigen (PSA) Screening | Covered - 100%, one per calendar year | Not covered |

| | In-Network | Out-of-Network |
|---|--|--|
| Childhood immunizations (effective January 1, 2006) | Covered - 100% for children through age 16. | Covered - 90% after the deductible |
| | | |
| Mammography | | |
| Mammography Screening | Covered - 100% | Covered - 90% after deductible |
| | One per calendar year, no age restrictions | |
| | | |
| Physician Office Services | | |
| Office Visits | Covered - \$15 co-pay | Covered – 90% after deductible must be medically necessary |
| Outpatient and Home Visits | Covered – 100% after deductible | Covered – 90% after deductible, must be medically necessary |
| Office Consultations | Covered - \$15 co-pay | Covered – 90% after deductible must be medically necessary |
| | | |
| Emergency Medical Care | | |
| Hospital Emergency Room-approved diagnosis prudent person rule | Covered - 100% after a \$50 co-pay if not admitted, for emergency medical illness or accidental injury | Covered - 100% after a \$50-co-pay if not admitted, for emergency medical illness or accidental injury |
| Ambulance Services – medically necessary for illness and injury | Covered - 100% after deductible | Covered - 100% after deductible |
| | | |
| Diagnostic Services | | |
| Laboratory and Pathology Tests | Covered – 100% after deductible | Covered – 90% after deductible |
| Diagnostic Tests and X-rays | Covered – 100% after deductible | Covered – 90% after deductible |
| Radiation Therapy | Covered – 100% after deductible | Covered – 90% after deductible |
| | | |
| Maternity Services Provided by a Physician | | |
| Pre-Natal and Post-Natal Care | Covered - 100% after deductible | Covered – 90% after deductible |
| | Includes care provided by a Certified Nurse Midwife | |
| Delivery and Nursery Care | Covered - 100% after deductible | Covered – 90% after deductible |
| | Includes delivery provided by a Certified Nurse Midwife | |
| | | |

| | In-Network | Out-of-Network |
|--|---|---|
| Hospital Care | | |
| Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies, and | Covered – 100% after deductible Unlimited Days | Covered – 90% after deductible Unlimited Days |
| Inpatient Consultations | Covered – 100% after deductible | Covered – 90% after deductible |
| Chemotherapy | Covered – 100% after deductible | Covered – 90% after deductible |
| | | |
| Alternatives to Hospital Care | | |
| Skilled Nursing Care | Covered – 100% after deductible | Covered – 90% after deductible |
| | 120 days per confinement | |
| | | |
| Hospice Care | Covered – 100% | Covered – 100% |
| | Limited to the lifetime dollar max. which is adjusted annually by the State | |
| Home Health Care | Covered – 100% after deductible | Covered – 100% after deductible |
| | Unlimited visits | |
| | | |
| Surgical Services | | |
| Surgery – includes related surgical services | Covered – 100% after deductible | Covered – 90% after deductible |
| Voluntary Sterilization | Covered – 100% after deductible | Covered – 90% after deductible |
| | | |
| Human Organ Transplants | | |
| Specified Organ Transplants in designated facilities only when coordinated through the TPA | Covered – 100% after deductible in designated facilities only | Covered – 100% after deductible in designated facilities only |
| | Up to \$1 million maximum per transplant type | |
| Bone Marrow when coordinated through the TPA specific criteria applies | Covered – 100% after deductible | Covered – 90% after deductible |
| Kidney, Cornea and Skin | Covered – 100% after deductible | Covered – 90% after deductible |
| | | |

| | In-Network | Out-of-Network |
|--|--|--|
| Mental Health Care and Substance Abuse Covered under non-BCBSM contract | | |
| Inpatient Mental Health | 100% up to 365 days per year. Partial Day Hospitalization at 2:1 ratio | 50%, up to 365 days per year |
| Outpatient Mental Health Care | 90% of network rates | 50% of network rates |
| Inpatient Alcohol & Chemical Abuse Care | 100% up to two 28-day admissions per calendar year, with 60 day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 100% | 50% up to two 28-day admissions per calendar year, with 60 day interval. Intensive Outpatient Treatment at 2:1 ratio. Halfway House 50% |
| Outpatient Alcohol & Chemical Abuse | 90% of network rates; Limit \$3,500/year chemical dependency only | 50% of network rates Limit \$3,500/year chemical dependency only |
| | | |
| Other Services | | |
| Allergy Testing and Therapy | Covered – 100% after deductible | Covered – 90% after deductible |
| Rabies treatment after initial emergency room treatment | Covered – 100% after deductible | Covered – 90% after deductible |
| Chiropractic Spinal Manipulation | Covered – \$15 co-pay | Covered – 90% after deductible |
| | Up to 36 visits per calendar year | |
| | | |
| Outpatient Physical, Speech and Occupational Therapy | | |
| - Facility and Clinic | Covered – 100% after deductible | Covered – 100% after deductible |
| - Physician’s Office - excludes speech and occupational therapy | Covered – 100% after deductible | Covered – 90% after deductible |
| | Up to a combined maximum of 90 visits per calendar year | |
| Durable Medical Equipment | Covered – 100% | Covered – 80% <u>of approved</u> charges no deductible |
| Prosthetic and Orthotic Appliances | Covered – 100% Effective April 1, 2005 | Covered – 80% after deductible |
| Private Duty Nursing | Covered – 90% after deductible | Covered – 90% after deductible |
| Prescription Drugs | Covered under non-BCBSM contract | Covered under non-BCBSM contract |

| | In-Network | Out-of-Network |
|---|--|---|
| Hearing Care Program | \$15 office visits; more frequent than 24 months if standards met. | |
| Acupuncture Therapy Benefit – Under the supervision of a MD/DO | Covered – 90% after deductible (up to 20 visits annually) | Covered – 90% after deductible (up to 20 visits annually) |
| Weight Loss Benefit | Upon meeting conditions, eligible for a lifetime maximum reimbursement of \$300 for non-medical, weight reduction. | |
| Wig, wig stand, adhesives | Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth.) | |
| | | |
| Deductible, Co-pays and Dollar Maximums | | |
| Deductible | \$300 per member; \$600 per family | \$600 per member; \$1,200 per family |
| | | |
| Co-pays | | |
| - Fixed Dollar Co-pays - Do not apply toward deductible | \$15 for office visits/consultations, chiropractic | |
| - Percent Co-pays - MH/SA co-pays do not apply toward deductible - Services without a network are covered at the in-network level | 10% for MH/SA outpatient and private duty nursing | 10% for most services; MH/SA at 50% |
| | | |
| Annual Dollar Maximums | | |
| - Fixed Dollar Co-pays - Do not apply toward out-of-pocket maximum | N/A | None |
| - Percent Co-pays - MH/SA and private duty nursing co-pays do not apply toward out-of-pocket maximum | \$1,000 per member; \$2,000 per family | \$2,000 per member; \$4,000 per family |
| Dollar Maximums | \$5 million lifetime per member for all covered services and as noted above for individual services | |

RULES FOR NETWORK USE

Effective October 12, 2014, see Appendix M-2 for member costs.

A member is considered to have access to the network based on the type of services required, if there are:

- Primary Care -Two Primary Care Physicians (PCP) within 15 miles;
- Specialty Care -Two Specialty Care Physicians (SCP) within 20 miles; and

- Hospital - One hospital within 25 miles.

SHP PPO Member Costs Associated within In-Network or Out-of-Network Use (for eligible employees hired prior to April 1, 2010 and covered by the SHP PPO).

| | In-Network | Out-of-Network |
|-----------------------|--|--------------------------------------|
| Deductible | \$300/individual \$600/family | \$600/individual \$1,200/family |
| Co-payments | Office Visits \$15 Services 0% or 10% Emergency 0%; \$50 co-pay if not admitted | Most services 10% |
| Preventive Services | In-Network Covered at 100% Limited to \$1,500 per calendar year per person. | Out-of-Network Not covered |
| Out-of-Pocket Maximum | \$1,000/individual \$2,000/family | \$2,000/individual \$4,000/family |

NSHP PPO Member Costs Associated within In-Network or Out-of-Network Use (for eligible employees hired on or after April 1, 2010 and covered by the NSHP PPO).

| | In-Network | Out-of-Network |
|-----------------------|--|--------------------------------------|
| Deductible | \$400/individual \$800/family | \$800/individual \$1,600/family |
| Co-payments | Office Visits \$20 Services 0% or 10% Emergency \$200 co-pay if not admitted | Most services 20% |
| Preventive Services | Covered at 100% | Not covered |
| Out-of-Pocket Maximum | \$1,500/individual \$3,000/family | \$3,000/individual \$6,000/family |

1. If a member has access to the network, the member receives benefits at the in-network level when a network provider is used. The member is responsible for the in-network deductible (if any) and co-payment (if any). If a network provider refers the member to an out-of-network SCP the member continues to pay In-network expenses.
2. If a member has access to the network, the member receives benefits at the out-of-network level when a non-network provider is used. The member is responsible for the out-of-network deductible (if any), and co-payment (if any).

- If the non-network provider is a Blues' participating provider, the provider will accept the Blues' payment as payment. The member is responsible for the out-of-network deductible and co-payment. The member will not, however, be balance billed.
- If the non-network provider is not a Blues' participating provider, the provider does not accept Blues' payment as payment in full. The member is responsible for the out-of-network deductible and co-payment. The member may also be balance billed by the provider for all amounts in excess of the Blues' approved payment amount.

When a member has access to the network and chooses to use an out-of-network provider, amounts paid toward the out-of-network deductible, co-payment or out-of-pocket maximum *cannot* be used to satisfy the in-network deductible, co-payments or out-of-pocket maximum.

If a member does not have access to the network as provided above, the member will be treated as in-network for all benefits. The member will be responsible for the in-network deductible (if any) and co-payment (if any).

If a member does not have access to the network but then additional providers join the network so that the member would now be considered in-network, the member will be notified and given a reasonable amount of time in which to seek care from an in-network provider. Care received from a non-network provider after that grace period will be considered out-of-network and the out-of-network deductibles, co-payments and out-of-pocket maximums will apply. If a member is undergoing a course of treatment at the time he becomes in-network, the in-network rules will continue for that course of treatment only pursuant to the PPO Standard Transition Policy. Once the course of treatment has been finished, the member must use an in-network provider or be governed by the out-of-network rules.

APPENDIX M-1

Appendix M-1 remains in effect for eligible employees hired on or after April 1, 2010 and covered by the New State Health Plan PPO or New HMO Plan.

Preventive Services

| | New State Health Plan PPO "NSHP – PPO" Benefits | | New HMO Plan "NHMO" Benefits |
|--|--|----------------|---|
| | In-network | Out-of-network | |
| Health maintenance exam | Covered 100% 1 per year | Not Covered | Covered 100% after \$20 office visit co-payment |
| Annual gynecological exam | Covered 100% 1 per calendar year | Not Covered | Covered 100% after \$20 office visit co-payment |
| Pap smear screening – laboratory services only ¹ | Covered 100% 1 per year | Not Covered | Covered 100% after \$20 office visit co-payment |

| | | | |
|--|-----------------------------|------------------------------|---|
| Well-baby and child care | Covered 100% | Not Covered | Covered 100% after \$20 office visit co-payment |
| Immunizations, annual flu shot & Hepatitis C screening for those at risk | Covered 100% | Not Covered | Covered 100% after \$20 office visit co-payment |
| Childhood Immunizations | Covered 100% through age 16 | Covered 80% | Covered 100% |
| Fecal occult blood screening ¹ | Covered 100% | Not Covered | Covered 100% after \$20 office visit co-payment |
| Flexible sigmoidoscopy ¹ | Covered 100% | Not Covered | Covered 100% after \$20 office visit co-payment |
| Prostate specific antigen screening ¹ | Covered 100% one per year | Not Covered | Covered 100% after \$20 office visit co-payment |
| Mammography, annual standard film mammography screening (covers digital mammography up to the standard film rate) ¹ | Covered 100% | Covered 80% after deductible | Check with HMO |
| Colonoscopy ¹ | Covered 100% | Covered 80% after deductible | Covered 100% after \$20 office visit co-payment |

¹ American Cancer Society guidelines apply

Physician Office Services

| | New State Health Plan PPO "NSHP – PPO" Benefits | | New HMO Plan "NHMO" Benefits |
|---|--|------------------------------|---------------------------------|
| | In-network | Out-of-network | |
| Office visits, consultations and urgent care visits | Covered, \$20 co-pay, deductible not applicable | Covered 80% after deductible | \$20 co-pay |
| Outpatient and home visits | Covered 90% after deductible | Covered 80% after deductible | \$20 co-pay |

Emergency Medical Care

| | New State Health Plan PPO "NSHP – PPO" Benefits | | New HMO Plan "NHMO" Benefits |
|--|--|----------------|------------------------------------|
| | In-network | Out-of-network | |
| Hospital emergency room for medical emergency or accidental injury | \$200 co-pay if not admitted | | \$200 co-pay if not admitted |
| Ambulance services – medically necessary | Covered 90% after deductible | | Covered 100% |

Diagnostic Services

| | New State Health Plan PPO "NSHP – PPO" Benefits | | New HMO Plan "NHMO" Benefits |
|--------------------------------|--|------------------------------|------------------------------------|
| | In-network | Out-of-network | |
| Laboratory and pathology tests | Covered 90% after deductible | Covered 80% after deductible | Covered 100% |
| Diagnostic tests and x-rays | Covered 90% after deductible | Covered 80% after deductible | Covered 100% |
| Radiation therapy | Covered 90% after deductible | Covered 80% after deductible | Covered 100% |

Maternity Services

Includes care by a certified nurse midwife (New State Health Plan PPO only)

| | New State Health Plan PPO "NSHP – PPO" Benefits | | New HMO Plan "NHMO" Benefits |
|-----------------------------|--|------------------------------|------------------------------------|
| | In-network | Out-of-network | |
| Prenatal and postnatal care | Covered 90% after deductible | Covered 80% after deductible | Office Visit \$20 co-pay |
| Delivery and nursery care | Covered 90% after deductible | Covered 80% after deductible | Covered 100% |

Hospital Care

| | New State Health Plan PPO "NSHP – PPO" Benefits | | New HMO Plan "NHMO" Benefits |
|---|--|--|------------------------------------|
| | In-network | Out-of-network | |
| Semi-private room, inpatient physician care, general nursing care, hospital services and supplies | Covered 90% after deductible, unlimited days | Covered 80% after deductible, unlimited days | Covered 100% Unlimited days |

| | | | |
|-------------------------|------------------------------|------------------------------|--------------|
| Inpatient consultations | Covered 90% after deductible | Covered 80% after deductible | Covered 100% |
| Chemotherapy | Covered 90% after deductible | Covered 80% after deductible | Covered 100% |

Alternatives to Hospital Care

| | New State Health Plan PPO “NSHP – PPO” Benefits | | New HMO Plan “NHMO” Benefits |
|---|---|----------------|---------------------------------|
| | In-network | Out-of-network | |
| Skilled nursing care up to 120 days per confinement | Covered 90% after deductible | | Covered 100% |
| Hospice care | Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State | | Covered 100% |
| Home health care | Covered 90% after deductible, unlimited visits | | Check with your HMO |

Surgical Services

| | New State Health Plan PPO “NSHP – PPO” Benefits | | New HMO Plan “NHMO” Benefits |
|---|--|------------------------------|---------------------------------|
| | In-network | Out-of-network | |
| Surgery—includes related surgical services. | Covered 90% after deductible | Covered 80% after deductible | Covered 100% |
| Voluntary sterilization | Covered 90% after deductible | Covered 80% after deductible | Check with your HMO |

Human Organ Transplants

| | New State Health Plan PPO “NSHP – PPO” Benefits | | New HMO Plan “NHMO” Benefits |
|---|---|----------------|---------------------------------------|
| | In-network | Out-of-network | |
| Liver, heart, lung, pancreas, and other specified organ transplants | Covered 100% In designated facilities only. Up to \$1 million lifetime maximum for each organ transplant | | Covered 100% in designated facilities |

Organ and Tissue Transplants

| | New State Health Plan PPO “NSHP – PPO” Benefits | | New HMO Plan “NHMO” Benefits |
|-------------------------------------|--|------------------------------|--|
| | In-network | Out-of-network | |
| Bone marrow—specific criteria apply | Covered 100% after deductible in designated facilities | | Covered 100% in designated facilities |
| Kidney, cornea, and skin | Covered 90% after deductible in designated facilities | Covered 80% after deductible | Covered 100% subject to medical criteria |

Other Services

| | New State Health Plan PPO “NSHP – PPO” Benefits | | New HMO Plan “NHMO” Benefits |
|--|--|---|--|
| | In-network | Out-of-network | |
| Allergy testing and injections | Covered 90% after deductible | Covered 80% after deductible | Office visits: \$20 co-pay Injections: Covered 100% |
| Acupuncture | Covered 80% after deductible if performed by or under the supervision of a M.D. or D.O. | | Check with your HMO |
| Rabies treatment after initial emergency room visit | Covered 90% after deductible | Covered 80% after deductible | Office visits: \$20 co-pay Injections: Covered 100% |
| Chiropractic/spinal manipulation | \$20 co-pay Up to 24 visits per calendar year | Covered 80% after deductible Up to 24 visits per calendar year | Check with your HMO |
| Durable medical equipment- <i>Support Program</i> | Covered 100% | Covered 80% of approved amount | Covered |
| Prosthetic and orthotic appliances - <i>Support Program</i> | Covered 100% | Covered 80% of approved amount | Covered |
| Private duty nursing | Covered 80% after deductible | | Covered |
| Wig, wig stand, Adhesives | Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth.) | | Check with your HMO |
| Hearing Care Exam | \$20 co-pay for office visit | Covered 80% after deductible | Check with your HMO |

Mental Health/Substance Abuse

| | New State Health Plan PPO “NSHP – PPO” Benefits | | New HMO Plan “NHMO” Benefits |
|--|--|---|------------------------------------|
| | In-network | Out-of-network | |
| Mental Health Benefits - Inpatient | Covered 100% up to 365 days per year ² | Covered 50% up to 365 days per year | Check with your HMO |
| Mental Health Benefits - Outpatient | As necessary 90% of network rates 10% co-pay | As necessary 50% of network rates | Check with your HMO |
| Alcohol & Chemical Dependency Benefits - Inpatient | Covered 100% ³ Halfway House 100% | Covered 50% ⁴ Halfway House 50% | Check with your HMO |
| Alcohol & Chemical Dependency Benefits - Outpatient | \$3,500 per calendar year 90% of network rates 10% co-pay ⁴ | \$3,500 per calendar year 50% of network rates | Check with your HMO |

² Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

³ Up to two 28-day admissions per year. There must be at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

⁴ \$3,500 per calendar year limitation pertains to services for chemical dependency only.

Prescription Drugs

Prescription medications for the New State Health Plan PPO are covered under the Participating Pharmacy ID Card Plan administered by BCBSM.

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

To check the co-pay for drugs you may be taking, visit BCBSM website at <http://www.bcbsm.com/som> or contact BCBSM at (800) 843-4876. The Preferred/Non-preferred list of drugs is updated periodically as new drugs are added.

The chart below shows the NSHP and NHMO prescription drug member co-pays:

| Generic | Brand Name Preferred | Brand Name Non-Preferred |
|--------------------|----------------------|--------------------------|
| Retail \$10 | Retail \$30 | Retail \$60 |
| Mail Order \$20 | Mail Order \$60 | Mail Order \$120 |

Outpatient Physical, Speech, and Occupational Therapy

Combined maximum of 90 visits per calendar year.

| | New State Health Plan PPO “NSHP – PPO” Benefits | | New HMO Plan “NHMO” Benefits |
|---|--|------------------------------|---------------------------------|
| | In-network | Out-of-network | |
| Outpatient physical, speech and occupational therapy – facility and clinic services | Covered 90% after deductible | Covered 90% after deductible | Office visit: \$20 co-pay |
| Outpatient physical therapy – physician's office | Covered 90% after deductible | Covered 80% after deductible | Office visit: \$20 co-pay |

Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums

| | New State Health Plan PPO “NSHP – PPO” Benefits | | New HMO Plan “NHMO” Benefits |
|---|--|--|--|
| | In-network | Out-of-network | |
| Deductible | \$400 per member \$800 per family | \$800 per member \$1,600 per family | None |
| Fixed dollar co-pays | \$20 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations and medical hearing exams. \$200 for emergency room visits, if not admitted | Not applicable | \$20 for office visits \$200 for emergency room visits, if not admitted |
| Co-insurance | 10% for most services and 20% for private duty nursing and acupuncture | 20% for most services. MHSA at 50% | None |
| Annual out-of-pocket dollar maximums ⁵ | \$1,500 per member \$3,000 per family | \$3,000 per member \$6,000 per family | None |

⁵ The out-of-pocket limit does not apply to deductibles, fixed dollar co-payments, or private duty nursing co-payments.

Premium Sharing

| | New State Health Plan PPO “NSHP – PPO” Benefits | | New HMO Plan “NHMO” Benefits | |
|---------|--|-------|---------------------------------|------------------|
| | Employee | State | Employee | State |
| Premium | 20% | 80% | 15% ⁶ | 85% ⁶ |

⁶ The State will pay up to 85% of the applicable NHMO total premium, capped at the dollar amount which the State pays for the same coverage code under the NSHP-PPO.

APPENDIX M-2

Effective October 12, 2014 this Appendix applies to all eligible employees regardless of the date of hire and replaces Appendix M and Appendix M-1.

| Preventive Services | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits |
|---|---|---------------------------------|-------------------------------|
| | In-network | Out-of-network | |
| Health maintenance exam | Covered 100% 1 per year | Not Covered | Covered 100% |
| Annual gynecological exam | Covered 100% 1 per calendar year | Not Covered | Covered 100% |
| Pap smear screening – laboratory services only ¹ | Covered 100% 1 per year | Not Covered | Covered 100% |
| Well-baby and child care | Covered 100% | Not Covered | Covered 100% |
| Immunizations, annual flu shot & Hepatitis C screening for those at risk | Covered 100% | Not Covered | Covered 100% |
| Childhood Immunizations | Covered 100% through age 16 | Covered 80% | Covered 100% |
| Fecal occult blood screening ¹ | Covered 100% | Not Covered | Covered 100% |
| Flexible sigmoidoscopy ¹ | Covered 100% | Not Covered | Covered 100% |
| Prostate specific antigen screening ¹ | Covered 100% one per year | Not Covered | Covered 100% |
| Mammography, annual standard film mammography screening (covers digital mammography up to the standard film rate) ¹ | Covered 100% | Covered 80% after deductible | Covered 100% |
| Colonoscopy ¹ | Covered 100% | Covered 80% after deductible | Covered 100% |

¹ American Cancer Society guidelines apply

| Physician Office Services | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits |
|--|---|---------------------------------|-------------------------------|
| | In-network | Out-of-network | |
| Office visits, consultations and urgent care visits | Covered, \$20 co-pay | Covered 80% after deductible | Covered, \$20 co-pay |
| Outpatient and home visits | Covered 90% after deductible | Covered 80% after deductible | Covered, \$20 co-pay |

| Emergency Medical Care | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits |
|--|---|-----------------------|--|
| | In-network | Out-of-network | |
| Hospital emergency room for medical emergency or accidental injury | Covered, \$200 co-pay if not admitted | | Covered, \$200 co-pay if not admitted |
| Ambulance services – medically necessary | Covered, 90% after deductible | | Covered, 100% after deductible |

| Diagnostic Services | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits |
|--------------------------------|---|------------------------------|--|
| | In-network | Out-of-network | |
| Laboratory and pathology tests | Covered 90% after deductible | Covered 80% after deductible | Covered 100% |
| Diagnostic tests and x-rays | Covered 90% after deductible | Covered 80% after deductible | Covered 100% after deductible |
| Radiation therapy | Covered 90% after deductible | Covered 80% after deductible | Covered 100% after deductible |

| Maternity Services Includes care by a certified nurse midwife (State Health Plan PPO only) | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits |
|--|---|------------------------------|--|
| | In-network | Out-of-network | |
| Prenatal care | Covered 100% | Covered 80% after deductible | Covered 100% |
| Postnatal care | Covered 90% after deductible | Covered 80% after deductible | Covered, \$20 co-pay |
| Delivery and nursery care | Covered 90% after deductible | Covered 80% after deductible | Covered 100% after deductible |

| Hospital Care | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits |
|---|---|--|---|
| | In-network | Out-of-network | |
| Semi-private room, inpatient physician care, general nursing care, hospital services and supplies | Covered 90% after deductible, unlimited days | Covered 80% after deductible, unlimited days | Covered 100% after deductible Unlimited days |
| Inpatient consultations | Covered 90% after deductible | Covered 80% after deductible | Covered 100% after deductible |
| Chemotherapy | Covered 90% after deductible | Covered 80% after deductible | Covered 100% after deductible |

| Alternatives to Hospital Care | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits |
|---|---|----------------|-------------------------------|
| | In-network | Out-of-network | |
| Skilled nursing care up to 120 days per confinement | Covered 90% after deductible | | Covered 100% after deductible |
| Hospice care | Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State | | Covered 100% after deductible |
| Home health care | Covered 90% after deductible, unlimited visits | | Check with your HMO |

| Surgical Services | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits |
|---|---|------------------------------|-------------------------------|
| | In-network | Out-of-network | |
| Surgery—includes related surgical services. | Covered 90% after deductible | Covered 80% after deductible | Covered 100% after deductible |
| Male Voluntary sterilization | Covered 90% after deductible | Covered 80% after deductible | Covered 100% after deductible |
| Female Voluntary sterilization | Covered 100% | Covered 80% after deductible | Covered 100% |

| Human Organ and Tissue Transplants | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits |
|---|---|------------------------------|---|
| | In-network | Out-of-network | |
| Liver, heart, lung, pancreas, and other specified organ transplants | Covered 100% In designated facilities only. Up to \$1 million lifetime maximum for each organ transplant | | Covered 100% after deductible in designated facilities |
| Bone marrow—specific criteria apply | Covered 100% after deductible in designated facilities | | Covered 100% after deductible in designated facilities |
| Kidney, cornea, and skin | Covered 90% after deductible in designated facilities | Covered 80% after deductible | Covered 100% after deductible subject to medical criteria |

| Other Services | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits |
|--|--|---|---|
| | In-network | Out-of-network | |
| Allergy testing and therapy (non-injection) | Covered 90% after deductible | Covered 80% after deductible | Covered, 100% after deductible. |
| Allergy injections | Covered 90% after deductible | Covered 80% after deductible | Covered 100% |
| Acupuncture | Covered 80% after deductible if performed by or under the supervision of a M.D. or D.O. | | Check with your HMO |
| Rabies treatment after initial emergency room visit | Covered 90% after deductible | Covered 80% after deductible | Office visits: \$20 co-pay. Injections: Covered 100% |
| Autism-Spectrum Disorder Applied Behavioral Analysis (ABA) treatment | Covered 90% after deductible | Covered 80% after deductible | Covered, 100% after deductible |
| Chiropractic/spinal manipulation | Covered, \$20 co-pay Up to 24 visits per calendar year | Covered 80% after deductible Up to 24 visits per calendar year | Check with your HMO |
| Durable medical equipment | Covered 100% | Covered 80% of approved amount | Check with your HMO |
| Prosthetic and orthotic appliances | Covered 100% | Covered 80% of approved amount | Check with your HMO |
| Private duty nursing | Covered 80% after deductible | | Check with your HMO |
| Wig, wig stand, adhesives | Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth). | | Check with your HMO |
| Hearing Care Exam | Covered, \$20 co-pay | Covered 80% after deductible | Check with your HMO |

| Mental Health/Substance Abuse | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits |
|-----------------------------------|---|-------------------------------------|--|
| | In-network | Out-of-network | |
| Mental Health Benefits -Inpatient | Covered 100% up to 365 days per year ² | Covered 50% up to 365 days per year | Check with your HMO; Inpatient services subject to deductible. |

| | | | |
|---|---|---|---|
| Mental Health Benefits – Outpatient | As necessary 90% of network rates 10% co-pay | As necessary 50% of network rates | Check with your HMO |
| Alcohol & Chemical Dependency Benefits – Inpatient | Covered 100% ³ Halfway House 100% | Covered 50% ⁴ Halfway House 50% | Check with your HMO; Inpatient services subject to deductible. |
| Alcohol & Chemical Dependency Benefits – Outpatient | \$3,500 per calendar year 90% of network rates 10% co-pay ⁴ | \$3,500 per calendar year 50% of network rates | Check with your HMO |

² Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

³ Up to two 28-day admissions per year. There must be at least 60 days between admissions.
Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

⁴ \$3,500 per calendar year limitation pertains to services for chemical dependency only.

Prescription Drugs

Prescription medications for the State Health Plan PPO are carved out and administered by a Pharmacy Benefit Manager (PBM).

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

To check the co-pay for drugs you may be taking, visit the Civil Service Commission Employee Benefits Division website at <http://www.michigan.gov/employeebenefits> and select Benefit Plan Administrators.

The chart below shows the SHP and HMO prescription drug member co-pays:

| Generic | Brand Name Preferred | Brand Name Non-Preferred |
|--------------------|-------------------------|-----------------------------|
| Retail \$10 | Retail \$30 | Retail \$60 |
| Mail Order \$20 | Mail Order \$60 | Mail Order \$120 |

**Outpatient Physical,
Speech, and
Occupational Therapy**
Combined maximum of 90 visits
per calendar year.

| | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits |
|---|---|---------------------------------|----------------------------|
| | In-network | Out-of-network | |
| Outpatient physical, speech and occupational therapy – facility and clinic services | Covered 90% after deductible | Covered 90% after deductible | Covered, \$20 co-pay |
| Outpatient physical therapy – physician’s office | Covered 90% after deductible | Covered 80% after deductible | Covered, \$20 co-pay |

| Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits |
|---|--|--|--|
| | In-network | Out-of-network | |
| Deductible ⁵ | \$400 per member \$800 per family | \$800 per member \$1,600 per family | \$125 per member \$250 per family |
| Fixed dollar co-pays | \$20 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations and medical hearing exams. \$200 for emergency room visits, if not admitted | Not applicable | \$20 for office visits \$200 for emergency room visits, if not admitted |
| Coinsurance | 10% for most services and 20% for private duty nursing and acupuncture | 20% for most services. MHSA at 50% | None |
| Annual out-of-pocket dollar maximums ⁶ | \$2,000 per member and \$4,000 per family | \$3,000 per member \$6,000 per family | \$2,000 per member and \$4,000 per family |

⁵ Deductible amounts for the SHP – PPO are effective January 1, 2015 and renew annually on a calendar year basis. Deductible amounts for the HMOs are effective October 12, 2014 and renew annually each October with the start of the new plan year.

⁶ Beginning October 12, 2014, in-network deductibles, in-network fixed dollar co-payments and in-network co-insurance all apply toward the out-of-pocket annual limit. In addition, in HMOs, prescription drug co-payments also apply toward the annual out-of-pocket limit. Beginning with the October 2015 plan year, prescription drug co-payments in the SHP PPO also apply to the annual out-of-pocket limit.

| Premium Sharing | State Health Plan PPO “SHP – PPO” Benefits | | HMO Plan “HMO” Benefits | |
|------------------------|---|--------------|------------------------------------|------------------|
| | Employee | State | Employee | State |
| Premium | 20% | 80% | 15% | 85% ⁷ |

⁷ The State will pay up to 85% of the applicable HMO total premium, capped at the dollar amount which the State pays for the same coverage code under the SHP-PPO.